University Hospitals Coventry and Warwickshire NHS Trust

Patient Information

Breast Surgery

Wide local excision (for DCIS)

What is ductal carcinoma insitu (DCIS)?

DCIS is an early form of breast cancer. It is often described as pre-cancerous or non-invasive. This means the cancer cells are inside the milk ducts ("insitu") and have not spread within or outside the breast.

If DCIS is left untreated, the cells may eventually develop the ability to spread from the ducts into the surrounding tissue and become an invasive cancer.

Why have a wide local excision?

After your DCIS is diagnosed, your treatment options will be discussed with you.

The type of surgery you have depends on many factors, such as the position and size of the DCIS, and the size of your breast.

Your surgeon will explain why it may be possible to remove only part of the breast tissue. If you have any more questions or would like to discuss anything in more detail, please contact your breast care nurse.

Please remember: every patient is different, so try not to compare your experience with others having breast surgery.

Before surgery

You will be asked to attend a pre-operative assessment, which may include:

- Blood pressure check
- Weighing
- Physical examination
- Heart tracing (ECG)
- Review of your current medicines
- Assessment by an anaesthetist

You will receive a letter with details about your admission date and time, and instructions on when to stop eating and drinking before your surgery.

Wire localisation/ Magseed insertion

If your DCIS cannot be felt, you may need a procedure called **wire localisation** or **Magseed insertion**.

- A magseed is a small magnetic marker placed to help the surgeon find the exact area to be removed.
- Wire localisation is done under local anaesthetic, using an ultrasound or mammogram to guide a fine wire into the correct area on the day of your surgery.
- A dressing will then be applied and the affected tissue and wire will be removed during your operation.
- If you are having a Magseed insertion, it is usually placed a few days before the date of your operation in the breast screening unit.

Sentinel lymph node biopsy

If your surgeon has recommended removing lymph nodes under your arm, you will need an injection of a radioactive or magnetic tracer before your operation. Appointment letters for this will be sent separately.

You will then have your surgery under a general anaesthetic as planned.

What to bring into hospital

Although your operation is usually a day case, please bring a small overnight bag in case you need to stay.

You should bring:

- Dressing gown
- Slippers
- Loose fitting pyjamas or a button-through nightdress
- Non perfumed soap or shower gel
- A soft, non-wired bra

Please do not shave under your arms for at least 2 days before your surgery.

On admission

- You will meet a nurse who will complete your admission paperwork and health checks.
- You will change into a hospital gown and be fitted with compression stockings to reduce the risk of blood clots in your legs.
- The breast surgeon will see you to confirm consent and mark the operation site.
- You will also meet the anesthetist.

Wide local excision

This operation removes the lump or area of abnormality in the breast and some of the surrounding breast tissue. The amount of breast tissue removed depends on the size and position of the DCIS, and the appearance of the breast may change slightly.

In about 1 in 10 operations, the DCIS may not be fully removed. If this happens, a second operation (or in some cases, a mastectomy) may be advised. This will be discussed at your post-operative appointment.

Leaving hospital

- Ward staff will assess you under the nurse-led discharge policy and let you know when you are fit to go home. You may not need to see a doctor after your operation.
- You must have eaten, had something to drink, passed urine and feel well enough before leaving.
- Please arrange a lift home and make sure an adult stays with you for at least 24 hours.
- Make sure you have painkillers at home, such as paracetamol and/or ibuprofen.

Advice after surgery

- Your wound will usually have dissolvable stitches (which do not need to be removed), surgical glue and will be covered with steri-strips (white plasters).
- The steri-strips should stay in place for at least 2 weeks after your operation and should be allowed to fall off naturally.
- You should keep your wound dry for the first 48 hours after surgery. After 48 hours, you may shower but avoid soaking the wound. Use a non-perfumed soap or shower gel.
- You will usually be advised to start gentle arm exercises the day after your surgery to help reduce arm stiffness. An arm exercise booklet will be given to you.
- Do not apply heat or ice directly to the wound, as this can cause burns or skin damage, especially if you experience changes in sensation.

Possible aftereffects from surgery

Listed below are some of the common aftereffects of surgery. Not everyone will have them and they are usually temporary or can be managed:

- Pain and discomfort – take painkillers as advised.
- Bruising and swelling – if this gets worse, please contact the breast care nurse team.
- Seroma – this is a collection of fluid under your wound or arm. If it becomes uncomfortable, please contact the breast care nurse team. Continue with the basic arm exercises if you are able.

- Wound infection - please contact us if you have concerns about redness, warmth, swelling, or discharge from your wound.
- Change in sensation – you may experience numbness, burning, pins and needles, shooting pains or increased sensitivity. These symptoms are common and may continue for several months.
- Cording – you may notice a tight, cord-like structure under your arm, which can cause pain and limit movement. This often improves with good pain relief and regular arm exercises. If it doesn't improve, you may be referred to a physiotherapist.
- Lymphoedema – swelling of the arm, hand or chest area, which can occur months or even years after surgery to the armpit. If you're concerned, please contact the breast care nurse team for advice, as Lymphoedema can be treated. You'll be given a booklet with advice on how to reduce the risks.

Recovering after surgery

- Recovery after surgery involves healing both physically and emotionally. The time this takes vary from person to person.
- You may feel tired or fatigued. Try to slowly increase your physical activity each day, but make sure you rest when you need to.
- Eating a healthy, balanced diet will help your wound heal and support your recovery.
- We advise you not to lift or carry anything heavy until your wounds have fully healed. This includes tasks such as housework (like hoovering, carrying shopping bags or changing beds).

Driving

We advise you not to drive for 3 to 4 weeks after your surgery. Please discuss this with a member of the breast care nurse team.

Returning to work

We advise that you do not return to work until after your results appointment. Your consultant or breast care nurse will then be able to give you more specific advice.

A sick note can be provided by the hospital to cover you from the date of your surgery until your next appointment.

Results appointment

An appointment will be made for you to attend the breast clinic to discuss the results of your operation and to check your wound.

At this appointment, your pathology results will be explained to you. You'll also be told if any more surgery or treatment is recommended.

Sometimes the area of DCIS may not be completely removed. This happens in about 1 in 10 operations. If this is the case, the surgeon may advise a second operation.

After surgery, you may need more treatment, such as radiotherapy. If so, you will be referred to the oncology team.

It can be helpful to bring a partner, close family member or friend with you to the appointment.

Breast care nurse support

The breast care team is here to support you, your partner and your family before and after surgery, and throughout the course of any further treatment that you may need.

They understand that this is a very anxious time for you, so please do not hesitate to contact them if anything is worrying you. Appointments can be arranged on request, either before or after your surgery.

If you would like more information or advice after reading this leaflet, please contact the surgical breast care nurses:

Laurel Unit

Hospital of St Cross

Barby Road

Rugby

CV22 5PX

Telephone: 01788 663412

Email: breastcarenurse@uhcw.nhs.uk

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